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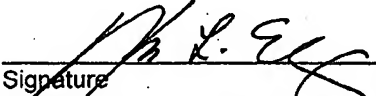
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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.	
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)	
Attorney Docket Number	50038/020003
Applicant	Vincent P. Stanton, Jr.
Title	PROBES FOR VARIANCE DETECTION
PRIORITY INFORMATION:	
This application is a divisional of U.S. Patent Application 09/697,097, filed October 26, 2000, which is still pending and which is a divisional of U.S. Patent Application 09/073,717, filed May 6, 1998, now U.S. Patent 6,183,958.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	45 pages
Claims	6 pages
Abstract	1 page
Drawing	1 sheet
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 09/073,717 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Small Entity Statement, which is: <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages

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Preliminary Amendment and Version to Show Changes Made	10 pages
IDS	2 pages
Form PTO 1449	3 pages
Copy of PTO 1449 and PTO 892 forms from prior application	6 pages
Cited Reference	1 reference
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 7 - 20 x \$9	\$****
Excess Independent Claims Fee: 2 - 3 x \$40	\$****
Multiple Dependent Claims Fee: \$270/\$135	\$****
Total Fees:	\$355.00
<input checked="" type="checkbox"/> Enclosed is a check for \$355.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No: 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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CUSTOMER NO: 21559	
Signature 	7 Jan 2002 Date

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